

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Pharmacy Intern Renewal Form

Your Pharmacy Intern permit in the state of Indiana expires on 5/1/2016. Renew online at www.pla.in.gov or send this form with the renewal fee of \$10.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 5/1/2016 you must include a \$10 late fee in addition to the \$10 renewal fee. If you answer 'Yes' to any question below, please send a notarized statement fully explaining the response including location, date and disposition and official documentation regarding the event with this renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date 5/1/2016	Renewal Fee \$10.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?			YES NO
5. Since you last renewed, have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a pharmacy intern or in any health care profession?			YES NO
REQUIRED DOCUMENTATION			
Your renewal application and fee should be accompanied by one of the following:			
(1) Notarized copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate, or			
(2) Official transcripts from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy verifying your active enrollment in the spring 2016 semester or quarter [transcript must indicate the spring 2016 semester or quarter and verify that you are "currently enrolled", "work in progress", etc.] or recent graduation date. A transcript indicating that the previous semester or quarter completed will not be accepted as it does not verify that you are currently enrolled.			
LICENSEE AFFIRMATION			
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.			
Signature of Applicant		Date (month, day, year)	

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email pla4@pla.in.gov or call 317-234-2067.

In an effort to ease the licensure process for recent graduates, the Indiana Board of Pharmacy has moved the Pharmacy Intern Permit expiration date to September 30. This change will allow applicants to complete the NAPLEX without having to renew the intern permit. Upon completion of this renewal your permit will expire 09/30/2017.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date